

City of Hokah

BOX 311
Hokah, MN 55941
507-894-4990

TIME SHEET

Pay Period Week Ending Date _____ - _____ - _____

Employee Name: _____

Title: _____

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
WEEKLY TOTALS:					

LABOR DISTRIBUTION. PLEASE LIST TOTAL HOURS WORKED IN BELOW CATAGORIES:

STREETS _____ PUBLIC WORKS _____ PARKS _____ REFUSE _____

WWTP _____ WATER _____ GARAGE _____ FIRE DEPT. _____

POOL _____ SOFTBALL _____ BASEBALL _____ T-BALL _____ PEE-WEE _____

COMP USED _____ COMP EARNED _____ SICK LEAVE _____ VACATION _____

Any special information or concerns:

Employee Signature: _____

Date: _____